

Please type a plus sign (+) inside this box → ☒

PTO/SB/05 (4/98)  
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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. **DOWD 3-3**  
First Inventor or Application Identifier **PATRICK W. DOWD**  
Title **FIREWALL FOR PROCESSING A CONNECTIONLESS...**  
Express Mail Label No.

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

1. ☒ \* Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☒ Specification [Total Pages **33**]  
(preferred arrangement set forth below)  
- Descriptive title of the Invention  
- Cross References to Related Applications  
- Statement Regarding Fed sponsored R & D  
- Reference to Microfiche Appendix  
- Background of the Invention  
- Brief Summary of the Invention  
- Brief Description of the Drawings (if filed)  
- Detailed Description  
- Claim(s)  
- Abstract of the Disclosure
3. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets **5**]
4. Oath or Declaration [Total Pages **3**]  
a. ☒ Newly executed (original or copy)  
b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 16 completed)  
i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting  
inventor(s) named in the prior application,  
see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

5. ☐ Microfiche Computer Program (Appendix)
6. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)  
a. ☐ Computer Readable Copy  
b. ☐ Paper Copy (identical to computer copy)  
c. ☐ Statement verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

7. ☐ Assignment Papers (cover sheet & document(s))
8. ☐ 37 C.F.R. § 3.73(b) Statement ☒ Power of Attorney  
(when there is an assignee)
9. ☐ English Translation Document (if applicable)
10. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
11. ☐ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
13. ☐ \* Small Entity Statement filed in prior application,  
Statement(s) ☐ Status still proper and desired  
(PTO/SB/09-12)
14. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
15. ☐ Other: \_\_\_\_\_

\* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: **60 / 095,647**

Prior application information: Examiner \_\_\_\_\_ Group / Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 17. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

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or ☒ Correspondence address below

Name	ATTN: PATENT COUNSEL, GC				
	NATIONAL SECURITY AGENCY				
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City	FT. MEADE	State	MD	Zip Code	20755-6542
Country	USA	Telephone	301-688-0287	Fax	301-688-0076

Name (Print/Type)	ROBERT D. MORELLI	Registration No. (Attorney/Agent)	37,398
Signature	<i>Robert D. Morelli</i>	Date	04-07-1999

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 1999</h2> <p style="font-size: small; margin: 5px 0;">Patent fees are subject to annual revision. Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.</p>		<b>Complete if Known</b>													
<b>TOTAL AMOUNT OF PAYMENT</b> (\$ ) <b>816.00</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td style="width: 50%;"></td> </tr> <tr> <td>Filing Date</td> <td>04-07-1999</td> </tr> <tr> <td>First Named Inventor</td> <td>PATRICK W. DOWD</td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> <tr> <td>Group / Art Unit</td> <td></td> </tr> <tr> <td>Attorney Docket No.</td> <td>DOWD 3-3</td> </tr> </table>		Application Number		Filing Date	04-07-1999	First Named Inventor	PATRICK W. DOWD	Examiner Name		Group / Art Unit		Attorney Docket No.	DOWD 3-3
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METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)																																																																																																																																																																																				
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number: <b>14-0381</b></p> <p>Deposit Account Name: <b>NATIONAL SECURITY AGENCY</b></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p>2. <input type="checkbox"/> Payment Enclosed:  <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>	<p><b>3. 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<b>SUBMITTED BY</b>				<b>Complete (if applicable)</b>	
Typed or Printed Name: <b>ROBERT D. MORELLI</b>		Reg. Number: <b>37,398</b>			
Signature: <i>Robert D. Morelli</i>		Date: <b>04-07-1999</b>		Deposit Account User ID:	